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New Themes in Couple Therapy

The Role of Stress, Coping, and Social Support

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Abstract

Stress and coping in couples are themes that have received increased attention in theory building and research in the last decades. Many findings show that everyday stress has a negative impact on relationship satisfaction and the likelihood of divorce. On the other hand, studies reveal that individual and, even more specifically, dyadic coping (the way couples deal with stress together) are powerful predictors of relationship functioning and the developmental course of close relationships. These findings suggest that it might be worthy to address stress issues in couple therapy and to focus on the improvement of dyadic coping (in addition to communication training and problem-solving training). One key target of coping-oriented couple therapy is improvement of dyadic coping.

~~Key words: coping, couple therapy, prevention, stress~~

Theoretical Background

Presently, different approaches and techniques are offered for the treatment of couples' problems and marital distress. These different methods are regularly presented and summarized in handbooks of couple therapy (e.g., Halford & Markman, 1997; Harway, 2005; Jacobson & Gurman, 2002; Wetchler, 2007) or in the context of prevention (Berger & Hannah, 1999). In the last few years, there have been several publications about the use of couple therapy as a promising psychological intervention for the improvement of marital distress among couples (Christensen & Heavey, 1999). According to these overviews, there are currently six different empirically supported treatments for couples in distress:

traditional behavioral couple therapy (TBCT; Jacobson & Margolin, 1979), cognitive-behavioral couple therapy (CBCT; Baucom, Epstein, LaTaillade, & Kirby, 2008), integrative behavioral couple therapy (IBCT; Jacobson & Christensen, 1996), emotionally focused couple therapy (EFCT; Johnson, 2004), integrated systematic couple therapy (ISCT; Greenberg & Goldman, 1985), and insight-oriented marital therapy (IOMT; Snyder, Wills, & Grady-Fletcher, 1991).

Among these different evidence-based approaches, behavioral and cognitive-behavioral couple therapies are the only approaches that are widely used in Europe (but still much less than systemic or psychoanalytic marital therapy). Initially inspired by empirical research drawn from social learning theories from the 1970s, behavioral couple therapy offers a large set of evidence-based intervention tools (e.g., Garfield & Bergin, 1986; Halford & Markman, 1997) that are well evaluated.

These interventions exhibit excellent efficacy with internationally established high effect sizes (mean effect size of $d = 0.95$; e.g., Dunn & Schwebel, 1995; Grawe, Donati, & Bernauer, 1994; Hahlweg & Markman, 1988; Shadish & Baldwin, 2003; Shadish, Montgomery, Wilson, Bright, & Okwumabua, 1993). Although these approaches are promising and show treatment efficacy, there is a constant need for further consideration of new insights of basic research. This link between basic research and clinical practice results in a general interest in further improving the efficacy of couple therapy by integrating new developments and techniques. This is the main purpose of the current chapter, namely to summarize findings from one line of basic research (stress and coping research in couples) and to try to build a bridge from this body of research to clinical practice. We refer to stress and coping (or social support) research because these issues have received increased attention in the last decade and have contributed significantly to new developments in couple therapy. In current couple therapies, we find certain theoretical concepts underrepresented that are significant for the understanding of marital functioning in basic research such as the concepts of stress, coping, and social support. Thus far, many couple therapy approaches only marginally deal (or not at all) with these factors that have proven to be highly important in the development of close relationships and their likelihood of success or divorce.

The de-emphasis of these factors is documented in multiple ways. First, we find few publications dealing with the question of how stress, coping, and social support issues might beneficially be used in couple therapy. Second, scholars in the field de-emphasize these factors in their practice and empirical research. An evaluation of the subject index of the currently available handbooks of couple therapy revealed that in most of these handbooks no reference is made either to stress, coping or social support. To our knowledge, exceptions are Bodenmann (2004) and Epstein and Baucom (2006), who address these issues. But what is the benefit of including these concepts in modern couple therapy, and what does basic research tell us about the importance of these concepts for the functioning of couples? We will try to briefly summarize these findings and to establish their significance for clinical practice. In this analysis we focus only on stress and social support (or dyadic coping). This is reasonable as social support (or dyadic coping), a chief concept that needs to be further integrated into couple therapy, is closely related to stress experience.

People need support mainly in times of stress, and we believe that couples facing high levels of stress in their individual and shared lives create multiple opportunities for the partners to support one another. As Lyons, Mickelson, Sullivan, & Coyne (1998, p. 580) wrote, "Solo performances are rare and each event draws a cast of characters who confront the issue individually and together." Thus, stress, coping, and social support are closely linked to each other and need to be addressed together in couple therapy.

"Furthermore, when people are embedded in an intimate relationship, solution of the immediate problem is not the only goal of coping. Protecting the relationship is as important as preventing harm to each individual" (Cutrona & Gardner, 2006, p. 501).

Empirical Findings on Stress in Close Relationships and Their Significance for Couple Therapy

For the past 10 years, scholars in stress research have begun to investigate how *external stress* (stress originating from outside the close relationship, such as stress at the workplace or stress with neighbors, family of origin, or children) affects marital quality, the development of close relationships, and the risk of divorce. This line of research has yielded evidence for harmful spillover effects of external stress on close relationships by: (a) decreasing the quality of dyadic communication, (b) undermining relationship quality and satisfaction, and (c) by increasing the likelihood of divorce.

The Association Between External Stress and Dyadic Communication

A number of recent studies have shown that external stress is significantly associated with lower quality of marital communication by decreasing positivity (such as tenderness, compliments, agreement, affirmation, and care) and increasing verbal and nonverbal negativity (such as criticism, contempt, belligerence, and withdrawal) or verbal aggression (e.g., Bodenmann, 2005; Crouter, Perry-Jenkins, Huston, & Crawford, 1989; Frye & Karney, 2006; Halford, Gravestock, Lowe, & Scheldt, 1992; Repetti, 1989; Schulz, Cowan, Cowan, & Brennan, 2004). Furthermore, the work by Crouter et al. (1989) and Repetti (1989) highlighted the *spillover effect* of work stress on marital communication. Based on objective indicators of work stress (e.g., for the air-traffic controllers studied by Repetti, this involved daily weather conditions and number of airplanes landing each day) and systematic behavioral observations at home, these authors report that daily workload led to more negative interaction between partners in the evening when they were together. Stressed individuals were either more withdrawn from their partners at home or they showed more anger and hostile behavior. These findings were further supported by an investigation conducted by Schulz et al. (2004). These authors confirmed that workday stress predicted negative changes in women's and men's marital behavior. All in all, their study replicated previous findings showing that, when under stress, women become angrier and men become more withdrawn. Similar findings were reported by Halford et al. (1992) using a diary approach. Partners reported more negative interactions during

the week and more positive interactions during the weekend because their daily stress level was lower during the weekend. Along similar lines, Bolger, DeLongis, Kessler, and Wethington (1989) revealed not only that conflicts at work were significantly correlated with a higher degree of marital conflicts, but also that marital stress resulted in a higher amount of stress at work. Frye and Karney (2006) found corresponding results in their longitudinal study conducted with 82 couples within their first 3 years of marriage. Husbands reporting higher scores of chronic stress showed a higher tendency toward the use of physical aggression and “were more likely to engage in physical aggression when they were experiencing higher than average levels of acute stress” (Frye & Karney, 2006, p. 12).

In two laboratory experiments (EISI-experiment), Bodenmann (2005) found that stress exerted a direct negative influence on marital interaction. Systematic observational analysis revealed that the quality of marital communication decreased by 40% after stress induction. Under stress, couples’ positive interactions (e.g., active listening, interest, and empathy) were reduced, and their negative behavior (e.g., criticism, contempt, belligerence, and withdrawal) increased significantly. Similarly, marital conflicts have been found to be associated with heightened blood pressure and accelerated heart rate, which are commonly interpreted as signs of stress arousal (e.g., Broadwell & Light, 1999; Ewart, Taylor, Kraemer, & Agras, 1991; Flor, Breitenstein, Birbaumer, & Furst, 1995). Furthermore, studies on endocrine functioning report elevated levels of catecholamines and hypothalamic-pituitary-adrenal axis hormones in those subjects showing negative and hostile behavior during marital conflict discussions (Malarkey, Kiecolt-Glaser, Pearl, & Glaser, 1994). Thus, Cutrona and Gardner (2006) summarize that there is a sufficient body of research showing that couples are more likely to have fights at home when the husband or wife has had a difficult day at work. These negative communication behaviors are well known for their predictive power for negative marital outcome (e.g., Gottman, 1994). However, very often stress may be a causal factor for poor communication and subsequently for low relationship satisfaction. Thus, not all partners have *a priori* deficits in communication skills, but they do lose their communication skills during stressful times. The real problem is, therefore, not poor communication itself but inadequate individual and dyadic coping competencies that do not sufficiently buffer the harmful influence of stress on dyadic communication. Consequently, one additional target of couple therapy might be the improvement of coping skills in order to maintain adequate communication levels within the relationship (Bodenmann & Shantinath, 2004).

The Association Between External Stress and Marital Quality

Another line of research examined the relationship between external stress and marital quality and satisfaction. These studies revealed that daily hassles are significantly negatively associated with relationship quality and satisfaction. The higher the level of everyday chronic stress was, the lower was the self-reported marital quality in both partners (e.g., Bodenmann, 2005; Neff & Karney, 2004). In the framework of their mediator analyses, Bodenmann, Ledermann, and Bradbury (2007) reported that external stress triggers internal stress (tensions and conflicts in the dyad) that in turn is negatively associated with relationship quality, sexual activity, and sexual satisfaction. It is noteworthy that only daily

hassles but not major critical life events were significant predictors of internal stress and poor marital outcome (also see Williams, 1995). Different mediational models describe the paths between external stress and marital quality. Similarly, Conger, Ge, and Lorenz (1994) found that the relationship between economic stress and marital quality was significantly explained through both warm/supportive as well as hostile behavior which acts as a parallel mediator. Results reported by Matthews, Conger, and Wickrama (1996) indicate that the association between work-family conflict and marital quality is mediated through psychological distress and, on the dyadic level, through marital interaction, which were serially linked. In sum, empirical evidence exists that chronic, everyday stress erodes relationship quality by means of mutual alienation, emotional distance, and poor dyadic communication.

The Association Between External Stress and the Likelihood of Divorce

Another series of studies support the notion that external stress is not only correlated with poor marital functioning and low marital satisfaction but is also causally responsible for a higher likelihood of divorce (e.g., Bodenmann & Cina, 2006; Rogge, Leonard, & Bradbury, 2007). In their longitudinal study with 488 married couples, Rogge et al. (2007) demonstrated that couples were more likely to be divorced 3 years later to the extent that wives, as newlyweds, perceived more stress in their lives. Similarly, Bodenmann and Cina (2006) found that stress was a significant predictor for relationship status 5 years later (i.e., stable satisfied; stable distressed; separated/divorced). At the time of the first measurement, all three groups differed significantly in their stress level. On average, the stable-satisfied couples were characterized by a significantly lower level of external everyday stress. At the end of the 5-year period, it was possible to classify couples with 62% accuracy into stable-satisfied, stable-distressed, or separated/divorced couples. The relevance of stress was also supported in a retrospective study in which divorced subjects were asked what reasons, facilitating conditions, inhibiting conditions (barriers), or triggers they thought had led to the divorce (Bodenmann, Charvoz, et al., 2007). This study revealed that low commitment and deficits in interpersonal competencies (communication, problem solving, and coping) were more likely to be perceived as reasons for divorce than stress. However, divorced subjects considered stress (accumulation of everyday stress) to be an important trigger in their decision to divorce. They assumed that a high stress level in everyday life might increase the risk of alienation and would trigger the decision to divorce in unhappy relationships (Bodenmann, Charvoz, et al., 2007). In sum, previous findings suggest that the variables most harmful to close relationships are external, chronic micro-stressors that spill over into the couple's relationship. These stressors cause tension and conflicts within the dyad and alienation between the partners, which increases the likelihood of divorce.

The Role of Dyadic Coping or Social Support in Alleviating Negative Effects of Stress on Close Relationships

Social support or dyadic coping are concepts that are increasingly discussed in the context of stress and close relationships and marriage (e.g., Acitelli & Antonucci, 1994; Bodenmann, 2005; Cutrona, 1996). Consequently, the body of research conducted in this

field is growing, especially in the context of close relationships (Cutrona & Gardner, 2006). Many of these studies suggest that social support provided by the partner or dyadic coping differ significantly from social support from kin, friends, or other members of the social network (e.g., Bodenmann, 2005; Cutrona, 1996; Denoff, 1982; Williamson & Clark, 1992; Veiel, Crisand, Stroszeck-Somschor, & Herrle, 1991). Social support by the partner or dyadic coping reveal to be important powerful buffer variables that alleviate the negative impact of stress on close relationships (e.g., Badr, 2004; Bodenmann, 2005; Dehle, Larsen, & Landers, 2001; Pasch & Bradbury, 1998; Walen & Lachman, 2000). The effects of external chronic minor stress on close relationships can be moderated by means of appropriate and effective dyadic coping (Bodenmann, 2005). Assuming that in many cases, external stress (e.g., stress experienced at the workplace) spills over into the dyad and therefore increases the risk for marital conflicts and escalation, this negative spillover may be reduced if both partners cope efficiently with their own stress (individual stress) or if they are able to handle stress on a dyadic level (dyadic coping). A number of studies have shown that couples in which the partners are able to deal with daily stress in a more efficient way show better relationship functioning and, therefore, exhibit a reduced risk of destructive dyadic interaction (e.g., Bodenmann, 2005). Thus, we are convinced that the improvement of dyadic coping may be an important target of interventions in the context of couple therapy.

What Do These Findings Mean for Couple Therapy?

The fact that dyadic coping and social support by the partner are meaningful buffer variables between external stress and relationship outcome is important for couple therapy, as this means that one goal of couple therapy might be to enhance and foster dyadic coping. The better both partners are able to support each other or the better the couple is able to cope together with common stress, the better is the prognosis of the relationship. This suggests that couple therapy should not only address general issues of dyadic communication by introducing speaker and listener rules, but should also teach couples how to engage in mutual dyadic coping. Couples should learn: (a) that if the partner comes home in a bad mood (withdrawn or hostile), it is often because he/she has experienced a hard and stressful day and that this bad mood is not related to the partner but to these negative circumstances (no attribution to oneself but to external conditions), (b) that he/she should ask the partner what happened, why he/she is in this bad mood (inviting the partner to communicate about his/her stress experience), (c) to display active listening and to try to understand the partner and his/her experience, and (d) to engage in supportive dyadic coping. All these competencies can be taught in couple therapy with the aim of helping the couple to enlarge their repertoire of dyadic coping competencies. This suggests that couple therapy should to a greater extent consider the enhancement of dyadic coping or social support provided by the partner to increase efficacy of the treatment, namely by: (a) improving the appraisal of stress in partners (enhancement of mutual stress perception), (b) improving the way partners communicate with one another about the stress that they experienced

(enhancement of stress communication), and (c) improving the dyadic coping repertoire of a couple (enhancement of dyadic coping). 234
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Couple Interventions That Address Stress and Coping Issues 236

Although many of the classical couple therapies cited above do not explicitly address stress or coping issues and do not propose specific intervention tools for helping couples to deal with stress and to enhance their dyadic coping, we find a number of approaches in the literature that try to help couples with major critical life events as their meaning for couples is largely acknowledged (Revenson & Majerovitz, 1991). However, most of these approaches do not consider the handling of daily stress but more so the management of severe life events that have a big impact on couples' lives. These interventions mostly focus on *important transitions in a couple's biography* such as the transition to parenthood (e.g., Cowan & Cowan, 1997) or the loss of a child (e.g., Murray, Terry, Vance, Battistutta, & Connolly, 2000), or *severe chronic illness*. Among couple approaches that help partners deal better with health-related demands or that integrate the notion of social support, illnesses such as cancer, AIDS, dementia, or chronic arthritis are addressed (Baucom et al., in press; Blanchard, Toseland, & McCallion, 1996; Bultz, Specia, Brasher, Geggie, & Page, 2000; Cano & Leonard, 2006; Christensen, 1983; Goldberg & Wool, 1985; Halford, Scott, & Smythe, 2000; Heinrich & Schag, 1985; Kayser, 2005; Quayhagen et al., 2000; Pakenham, Dadds, & Lennon, 2002; Sabo, Brown, & Smith, 1986; Samarel & Fawcett, 1992; Serovich, 2000; Weber et al., 2004). Another field in which couple therapy refers to social support issues relates to *psychological disorders* (e.g., alcoholism, drug abuse, and depression) (e.g., Epstein & McCrady, 1998). 237
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Among these disorders, depression plays an eminent role. Many therapists are aware of the important role that the partner plays in the etiology and maintenance of depression and the risk of relapse (Beach, Jones, & Franklin, in press). Thus, several clinicians point out that social support should be strengthened in these couples and should be a part of the intervention (e.g., Misri, Kostaras, Fox, & Kostaras, 2000). Most of these interventions include psycho-education about the specific stressor (i.e., illness, parenthood, and psychological disorder) and the role of the partner in the stress process. Other components that are found in nearly all of these interventions are classical ingredients of behavior couple therapy such as problem-solving training (structured procedure to find suitable solutions to a problem) and communication training. Typically, problem solving addresses stressor-specific solutions (e.g., dealing with medical issues, medication compliance, and how the stressor impinges on daily task resolution) as well as relationship-related topics that are related to the stressor (e.g., speaking about the partners' worries concerning the impact of the illness on the close relationship). Additionally, several approaches also integrate discussions about the role of social support or dyadic coping. In some approaches, work on empathy (e.g., with the integrative therapy approach) is reported (e.g., Cano & Leonard, 2006). Stress and coping issues are, however, even more specifically addressed in cognitive-behavioral approaches such as the Couples' Coping Enhancement Training (CCET); 256
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Bodenmann & Shantinath, 2004), The Partners in Coping Program (Kayser, 2005; Kayser & Scott, 2008), CanCope (Scott, Halford, & Ward, 2004), CanThrive (Baucom, 2003), Couple-focused Group Intervention for Women with breast cancer (Manne et al., 2005), or Side to Side (Seite an Seite; Heinrichs & Zimmermann, 2008). While the CCET is designed for all couples (universal, indicated, or selective prevention) and aims to help couples deal with everyday stress, the other intervention programs address couples in which one partner suffers from cancer (in most of the cases breast or prostate cancer). All the cancer intervention programs address psycho-education (teaching couples about the illness and the implication for the couples' lives), problem-solving training, communication training, and support issues. Some also address psycho-education about sexuality and cancer. The programs have a mean duration of 4–6 sessions (often followed by telephone contacts) and last on average 10 hours. All these programs have been evaluated in randomized controlled trials and have shown their efficacy.

The 3-Phase-Method

The key element of the CCET or the coping-oriented couple therapy (COCT) is the improvement of dyadic coping by means of the 3-phase-method (Bodenmann, 2007). This method is well grounded in Bodenmann's stress and coping theory in couples (Bodenmann, 2005) as well as in cognitive therapy (Beck, Rush, Shaw, & Emery, 1979). The aim of the 3-phase-method is to help the stressed partner to better understand his/her own psychological functioning while simultaneously helping the other partner enhance his/her understanding of his/her partner. Because external stress experienced by one partner can often affect the relationship between both partners (mostly by triggering problematic personality traits that irritate the other partner and easily lead to arguments and escalation), it is very important that both individuals understand that a negative mood expressed within the context of the couple's relationship may in fact have nothing to do with the relationship itself. Instead, the mood might result from the "spillover" of stress from outside of the marriage into the marriage, and this stress may trigger personal vulnerabilities of the partner. Sharing the insight that each partner brings strengths and weaknesses into the relationship helps promote a sense of "we-ness" and encourages both partners to cease "wearing masks" in attempts to cover personal imperfections.

To enhance dyadic coping, COCT and CCET focus on strengthening the couple's ability to effectively communicate stress, the ability to perceive and understand the partner's stress, and in turn to engage in effective dyadic coping. These skills are learned through the 3-phase-method which aims at: (a) enhancing the ability to clearly communicate stress to the partner (phase 1); (b) adapting support to the specific needs of the other (phase 2); and (c) refining the ability to offer dyadic coping based on the partner's feedback (phase 3) (Bodenmann, 2007).

Lasting approximately 30 minutes, phase 1 consists of exploring the emotional stress by means of the funnel method. In this method, one partner (partner A) begins with the broader aspects of his/her stress (top of the funnel, metaphorically speaking) and begins to further explore the deeper aspects of the stressful event (bottom of the funnel). First, partner A gives a short description of the stressful event and explores his/her emotions,

thoughts, and perceptions linked to that specific event. The role of the therapist is to ask open-ended questions (such as “How did you feel?”, “What did this mean to you?”, and “Why was this so stressful?”) in order to promote emotional self-disclosure of the stressed partner. Concurrently, partner B is encouraged to listen and summarize the important aspects of what partner A is saying. The central goal of phase 1 is for partner B to understand the meaning of what partner A experienced in order to be able to provide adequate emotion-focused dyadic coping (Bodenmann, 2007).

The second phase in which partner B is asked to provide positive support during dyadic coping (at the level of emotional self-disclosure) lasts approximately 10 minutes. Through expression of empathy and interest, partner B shows that he/she is aware of the underlying meaning of partner A’s stressful event. The therapist invites partner B to provide, firstly, emotion-focused coping and secondly, also problem-focused forms of dyadic coping such as

“helping to positively reframe the situation, promoting a sense of solidarity with the partner, telling the partner how he or she is appreciated, pointing out the partner’s quality and strengths, helping the partner to slow down and relax, or helping the partner to actively find solutions for the problem” (Bodenmann, 2004, p. 481).

Lasting approximately 5 minutes, in phase 3, partner A is now encouraged to give feedback to partner B regarding how satisfied he/she was with the dyadic coping of the partner, how helpful he/she experienced the partner’s support to be, and what else he/she would have liked to receive from partner B in order to feel better. Prior to completing the exercise, the partners switch roles so that both partners can benefit from this specific experience (Bodenmann, 2007).

The purposes of this deep personal self-disclosure when talking about one’s stress experience are that: (a) the partners learn to provide supportive dyadic coping in a way that truly meets the needs of the other and is neither superficial (this is not so bad, do not worry) nor inappropriate (providing support that the partner does not need or does not want), and (b) this experience strengthens the feeling of “we-ness” (i.e., cohesion, intimacy, solidarity, and mutual trust; see also Bodenmann, 2005; Cutrona, 1996). The 3-phase-method and the coping-oriented couple therapy have shown that the experience of being understood and supported by the partner is a very profound and essential one for relationship well-being. The efficacy of the 3-phase-method has been evaluated in several studies, showing that this method is a powerful therapeutic intervention (e.g., Bodenmann & Shantinath, 2004; Bodenmann, Pihet, Cina, Widmer, & Shantinath, 2006; Ledermann, Bodenmann, & Cina, 2007).

Discussion

As this overview has shown, stress and coping (mainly dyadic coping) play an important role in understanding relationship functioning and outcomes. It has been shown that

external (chronic) stress often spills over into the close relationship, increases the likelihood of dyadic conflicts, arguments, and divorce, and simultaneously decreases relationship quality. On the other hand, individual and dyadic coping (or social support by the partner and others) are relevant buffer variables that alleviate the harmful effects of stress on close relationships. Based on these findings, we believe that modern couple interventions should, in addition to current evidence-based methods and techniques (such as behavior exchange techniques, communication training, problem-solving training, acceptance work, or emotion-focused interventions), also integrate methods that allow partners to improve their individual and dyadic coping competencies. A main focus of this approach should be the strengthening of dyadic coping which has been shown to be an important predictor of relationship quality and divorce (e.g., Bodenmann, 2005; Bodenmann & Cina, 2006). However, our analysis of current practice in couple therapy reveals that there is nearly no or only minor consideration of these issues in the treatment of distressed couples, yet we find an integration of stress and coping issues in couple therapies dealing with major life events (i.e., transition to parenthood, severe illness, and psychological disorders). In fact, nearly no couple therapy approach for distressed couples currently addresses the role of external stress that spills over into the close relationship and negatively affects relationship functioning, and only a few of these approaches explicitly address mutual support. Psychoeducation addressing these issues is found in only some current evidence-based treatments for distressed couples (e.g., Bodenmann, 2007). Ironically, as soon as major life events are involved, couple therapy approaches propose such tools for the enhancement of mutual understanding and support. This demonstrates that modern couple therapy could benefit from increasing the focus on these concepts for all couples. As everyday stress is a relevant factor for relationship deterioration, all couples (and not only those dealing with major life events) can benefit from daily experiences of mutual support, and all couples may benefit from the knowledge that they should protect their relationship from external stress. Although several approaches (cognitive couple therapy, integrative couple therapy, insight-oriented couple therapy, and emotion-focused couple therapy) touch some facets of social support to some degree (e.g., empathy), techniques to enhance social support or dyadic coping in couples should be more explicitly proposed and should become integral components of modern couple therapies. Empirical evidence of the benefit of coping-oriented couple therapy is demonstrated by studies conducted with the CCET or the coping-oriented couple therapy by Bodenmann (2007). Thus, the enhancement of dyadic coping through the improvement of one's own stress communication, the enhancement of one's ability to understand the partner's stress, and the enhancement of mutual dyadic coping can be viewed as an influential approach in an attempt to improve close relationships and furthermore reduce the risk of divorce. As Cutrona and Gardner (2006) noted, interventions on social support do not only help couples reduce stress and find their personal homeostasis, but they also help improve and strengthen the relationship quality in a way that goes beyond classical intervention methods as in communication training or problem-solving trainings. In an attempt to improve efficacy and widen the range of intervention tools for assisting distressed couples, we are convinced that couple therapy should integrate methods focusing on the enhancement of couples' coping.

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